

# 2011

## Arkansas Department of Career Education's Rehabilitation Services Division



&

THE GOVERNOR'S COMMISSION ON PEOPLE WITH DISABILITIES

*The 13<sup>th</sup> Annual*

YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES



## Application Form

**JULY 11-15, 2011**

On the Campus of

**UNIVERSITY OF CENTRAL ARKANSAS, CONWAY**

Two dozen high school aged seniors with disabilities will be selected to attend this exciting, fun and educational five-day training program, with all expenses paid.

**YLF 2011 includes:**

- A trip to Little Rock to:
  - meet with top state officials in the Governor's office
  - tour the State Capitol (bring your camera)
- meeting with community leaders who have overcome disabilities and hear their experiences first-hand
- frank discussions about some obstacles and responsibilities you'll face in society

**You'll learn:**

- how to succeed by making plans and setting achievable goals
- what you need to know about disability law and YOUR rights
- tips on how people with disabilities function in society
- the responsibility that goes along with getting and keeping a job
- when to speak up; advocacy for the disabled
- how others cope; development of peer relationships
- mainstream life skills

and the BEST part of all is.....it's **FREE!**

The Youth Leadership Forum (YLF) will pay expenses for travel, lodging, food, interpreters and personal care attendants, as needed, for the selected delegates.

Questions? Contact your local ARS office, your ARS or school counselor, or

**Carl Enna, YLF Chairman**

**Arkansas Rehabilitation Services**

**525 West Capitol**

**Little Rock, AR. 72201**

**800-330-0632**

E-Mail questions to: [carl.enna@arkansas.gov](mailto:carl.enna@arkansas.gov)

# Arkansas Youth Leadership Forum 2011

## APPLICATION FORM

Complete ALL information. Please type or PRINT with black ink. Mail the application to the address on the last page (page 7). Please see Pages 7-8 for additional information.

1. \_\_\_\_\_ 2. Male \_\_\_\_ Female \_\_\_\_  
Student's Last Name First Middle Initial

3. \_\_\_\_\_  
Parent/Guardian Last Name First Middle

4. \_\_\_\_\_  
Residence Address City State Zip

5. \_\_\_\_\_  
Mailing Address-- if different than above City State ZIP

6. Grade Level as of 12/31/2010 \_\_\_\_\_

7. \_\_\_\_\_  
(Area Code) Home Telephone Number Emergency/other number

8. \_\_\_\_\_  
Name of High School

9. \_\_\_\_\_  
School Mailing Address City State ZIP

10 \_\_\_\_\_  
School Telephone Number

11. \_\_\_\_\_  
High School Guidance Counselor's Name

12. Birth date: \_\_\_\_\_

Date Graduation Expected: \_\_\_\_\_

**13. Physical attributes: Please Check all that apply**

<p><b>Deaf/Hard of hearing:</b></p> <p><input type="checkbox"/> I use sign language</p> <p><input type="checkbox"/> I use assistive listening devices</p> <p><input type="checkbox"/> I use real time captioning</p> <p><input type="checkbox"/> I use lip reading</p> <p><input type="checkbox"/> I use note takers</p> <p><b>Blind/Visually impaired:</b></p> <p><input type="checkbox"/> I read with Braille</p> <p><input type="checkbox"/> I read with large print</p> <p><b>Orthopedic Disability:</b></p> <p><input type="checkbox"/> I use a wheelchair/scooter</p> <p><input type="checkbox"/> I cannot walk upstairs</p> <p><input type="checkbox"/> I use walker, cane or crutches</p> <p><input type="checkbox"/> I cannot walk long distances</p>	<p><b>Developmental Disability Describe:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <hr/> <p><input type="checkbox"/> Autism</p> <p><input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Mental Health Disability</p> <p><input type="checkbox"/> Neuro/Muscular Disability</p> <p><input type="checkbox"/> Learning Disability</p> <p><input type="checkbox"/> Multiple Disabilities</p> <p><input type="checkbox"/> Other (describe)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**14). In your own words, describe your disability. (This helps to assure diversity)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**15. Race/Ethnicity:** Native American \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic \_\_\_\_\_  
 White (non-Hispanic) \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

**16. The following information is for Arkansas Rehabilitation Services (ARS), or Arkansas Department of Human Services (DHS) clients only**

**16. If you are currently a client of ARS or DHS:** Yes \_\_\_\_\_ No \_\_\_\_\_

**ARS/DHS Counselor's information:**

**Counselor's Name:** \_\_\_\_\_ **Office Location:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_

17. \_\_\_\_\_  
State Senator's Name District Number

18. \_\_\_\_\_  
State Representative's Name District Number

19. **Letters of Recommendation:** A Minimum of two must be submitted. One must be from a high school representative and one must be from a community representative outside of school.

The letters should focus on your leadership skills or your leadership potential. Each letter must have an **original** signature and arrive **in a sealed envelope**. Please submit the two sealed envelopes containing the reference letters, along with this application.

**List name, position/title, organization & telephone number of each author of reference letters.**

1)  
\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Organization (Area Code) Telephone Number

2)  
\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Organization (Area Code) Telephone Number

## 20. **School and Community Involvement**

On a separate sheet of paper, list your involvement with your high school and community (since 9<sup>th</sup> grade). This may include club memberships, any offices you have held, after school activities and/or work experiences. Include the length of involvement, your grade level at the time of participation and the name of an adult with whom you worked.

## 21. Required Essay

**Your responses to the four topics listed below will be used to assess your readiness to participate in this leadership forum.** Write your responses on separate paper and attach to your completed application packet. Your response to this question should not exceed four (4) typewritten, double-spaced pages. **(Responses must be double spaced and either typewritten or printed in black ink.)** You may submit your responses on audio or video tape, if desired. **IF you are submitting your answers on tape, there is a 5 minute total time limitation.**

- (a) **Qualifications**-Tell us about one of the greatest lessons having a disability has taught you.
- (b) **Positive Influences** - In terms of leadership, please tell us about two people who have positively influenced your life. Why? (Families, teachers, counselors, friends, celebrities or public officials are appropriate examples.)
- (c) **Experiences as a Person with a Disability** - Describe two important experiences you have had as a young person with a disability. (Please be specific about your examples as they relate to your disability).
- (d) **Future Plans** - Describe your goals for the future.

**22. Use the CHECKLIST below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.**

Required Items	Enclosed
1. Application form	
2. Two letters of recommendation (in sealed envelopes)	
3. Essay (response to ALL four topics)	
4. Community Activity Sheet	

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**If selected, my child has permission to participate in the Youth Leadership Forum for Students with Disabilities.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**DEADLINE is 5/15/2011**

# Instructions:

**Thank you for completing this application **as soon as possible.****

## **Please mail it to:**

Youth Leadership Forum--2011  
Attention: Carl Enna  
Arkansas Rehabilitation Services  
525 West Capitol  
Little Rock, AR 72201

**(KEEP THIS PAGE, DO NOT MAIL WITH APPLICATION)**

## **HOW STUDENT DELEGATES WILL BE SELECTED AND APPLICATION INSTRUCTIONS FOR STUDENTS**

1. To be eligible for the Youth Leadership Forum, students must:
  - a. Be an Arkansas resident who has a disability (as defined by the Americans with Disabilities Act);
    1. Be in the 11th or 12th grade as of December 31, 2010 (Some age/grade exceptions may be made on a case by case basis);
  - b. Have demonstrated leadership potential in school and the community
2. Student applicants must mail the completed application packet to the address provided – **as soon as possible and NO later than May 15, 2011.**
3. Semi-finalists will be selected and may be contacted by telephone to arrange a personal interview. The interview will be conducted by a panel coordinated by the Governor's Commission on People with Disabilities and YLF Staff.
4. All applicants will be notified by letter if they are selected to attend the forum. Approximately 20-25 students will be selected to attend, July 11-15, 2011.
5. After being selected, students will be asked to fill out a confirmation form and provide additional information.
6. All appropriate expenses will be paid by the Youth Leadership Forum management. These include such expenses as: travel, lodging, food, interpreters for deaf students and personal care attendants for physically disabled students.

## GENERAL INFORMATION FOR APPLICANTS:

### Rules and Guidelines for Students Delegates of the Youth Leadership Forum

In order to provide a fun, safe, learning experience at the leadership forum, all delegates will be expected to follow the rules listed below. Students are selected to attend this forum because of their leadership skills and potential. Consequently, students are expected to demonstrate their leadership ability, and must:

1. Be punctual.
2. Be at designated places and stay with your assigned group at all times. Attendance at all sessions is mandatory.
3. Maintain a respectful attitude toward peers, counselors and conference staff.
4. Respect the facilities (maintaining the condition of dormitory rooms and all other areas). Participants will have to pay for property damage they cause and for lost room keys.
5. When not in assigned groups, males and females are restricted to their own assigned rooms at all times. No co-ed visitation is allowed in assigned rooms.
6. Smoking and possession or use of illegal chemicals or alcohol are strictly prohibited. (Prescription or other approved medications require verification and can only be dispensed under conditions set forth by YLF staff.)
7. All other campus residence halls and facilities are off limits.

**Any violations of these rules will result in students being sent home immediately at parents'/guardians' expense. Your application to the Youth Leadership Forum indicates your acceptance of these rules and guidelines**

**AND... more importantly, we emphasize that delegates are chosen to attend the forum because of their leadership potential. Remember the responsibility that goes with the honor of being selected and plan to have a great time!**